

Severe Sepsis Protocol Checklist

Based on the Evaluation for Severe Sepsis Screening Tool

- Does the patient history suggest a new infection? If yes,
- Does the patient present with two or more new signs or symptoms of infection? If yes,
- Does the patient have evidence of organ dysfunction due to the infection?

If the ALL of the screening elements above are answered YES, initiate the Severe Sepsis Protocol.

Determine time of presentation

- Time of presentation is equal to ED triage time or documentation (date and time) supporting the diagnosis of severe sepsis in the progress notes for non-ED admissions.

Quality Indicators to be measured

SEPSIS RESUSCITATION BUNDLE

The goal is to perform all indicated tasks 100% of the time within the first 6 hours of identification of severe sepsis.

- Measure serum lactate
- Obtain blood cultures prior to antibiotic administration
- Administer broad-spectrum antibiotic, **within 3 hrs of ED admission and within 1 hour of non-ED**

Admission

- In the event of hypotension and/or a serum lactate > 4mmol/L
 - Deliver an initial minimum of 20 ml/kg of crystalloid or an equivalent
 - Apply vasopressors for hypotension not responding to initial fluid resuscitation to maintain mean arterial pressure (MAP) > 65 mm Hg
- In the event of persistent hypotension despite fluid resuscitation (septic shock) and/or lactate >4 mmol/L
 - Achieve a central venous pressure (CVP) of ≥ 8 mm Hg
 - Achieve a central venous oxygen saturation (ScvO₂) $\geq 70\%$ or mixed venous oxygen saturation (SvO₂) $\geq 65\%$

SEPSIS MANAGEMENT BUNDLE

Efforts to accomplish these goals should begin immediately, but these items may be completed within 24 hours of presentation for patients with severe sepsis or septic shock.

- Administer low-dose steroids for septic shock in accordance with a standardized ICU policy.
If not administered, document why the patient did not qualify for low-dose steroids based upon the standardized protocol.
- Administer recombinant human activated protein C in accordance with a standardized ICU policy.
If not administered, document why the patient did not qualify for rhAPC.
- Maintain glucose control ≥ 70 , but < 150 mg/dl
- Maintain a median inspiratory plateau pressure (IPP)* < 30 cm H₂O for mechanically ventilated patients